

DCLU PLAN TAG

FINANCIAL RESPONSIBILITY STATEMENT

Project Address: _____ DCLU Project Number: _____

Property Owner Name: _____
Company Name: _____
Address (PO Box not acceptable): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Property Owner's relationship to the project: ☐ Developer ☐ Lessor
☐ Owner ☐ Seller
☐ None Other: _____

Applicant (Project Owner) _____
Company Name: _____
Address (PO Box not acceptable): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Applicant's relationship to the project: ☐ Property Owner ☐ Lessee
☐ Contractor Purchaser ☐ Rezone Petitioner

FINANCIAL RESPONSIBILITY ACCEPTANCE:

Property Owner:

I, _____, declare under penalty of perjury under the laws of the State of Washington that I am the Owner of the above referenced property, or the _____ (relationship) of the Owner, _____ (business entity), that the information provided herein is correct and complete, and that I have authority to bind the Owner to this statement. Owner will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If the Owner's address changes at any time before DCLU has received full payment for all fees billed or owing, Owner will immediately notify DCLU of the new address.

Signed this _____ day of _____, 20____, at _____, _____
City State

By: _____
Signature

Applicant:

I, _____, declare under penalty of perjury under the laws of the State of Washington that I am the Applicant of the above referenced property, or the _____ (relationship) of the Applicant, _____ (business entity), that the information provided herein is correct and complete, and that I have authority to bind the Applicant to this statement. Applicant will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If the Applicant's address changes at any time before DCLU has received full payment for all fees billed or owing, Applicant will immediately notify DCLU of the new address.

Signed this _____ day of _____, 20____, at _____, _____
City State

By: _____
Signature

Title: _____